



Phyllis A. Hayes
Paralegal - Bankruptcy Services

RECEIVABLE MANAGEMENT SERVICES

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June 26, 2009

Clerk
U.S. Bankruptcy Court
Southern District of Mississippi
P.O. Box 2448
Jackson, MS 39225-2448

**U.S. BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI
FILED**

JUN 29 2009

DANNY L. MILLER, CLERK
BY _____ DEPUTY CLERK

In re: Warehouse 86, LLC ("Debtor")
Case No. 08-03423-ee (Chapter 11)
Claim No. 27- United Parcel Service @ \$115,057.13

Dear Clerk:

This letter serves to withdraw Proof of Claim numbered 27 filed on June 10, 2009, in the above referenced case. It is my understanding that the claim numbered 7-2 is now the surviving claim as it amends a prior claim (7-1) filed 11/26/08.

If any other documentation or notification is required, please let me know.

Thanking you in advance,

Sincerely,

A handwritten signature in cursive script, appearing to read "Phyllis Hayes", is written over the typed name.

Phyllis A. Hayes
Receivable Management Services
Agent for Creditor, United Parcel Service

PAH/tbm

Southern District of Mississippi Claims Register

08-03423-ee Warehouse 86, LLC

Judge: Edward Ellington**Chapter:** 11**Office:** Jackson Divisional Office**Last Date to file claims:****Trustee:****Last Date to file (Govt):**

Creditor: (2727350) UNITED PARCEL SERVICE C/O RMS Bankruptcy Recovery Services P.O. Box 5126 Timonium, Maryland 21094	Claim No: 7 <i>Original Filed</i> Date: 11/26/2008 <i>Original Entered</i> Date: 11/26/2008 <i>Last Amendment</i> Filed: 06/10/2009 <i>Last Amendment</i> Entered: 06/10/2009	Status: Filed by: CR Entered by: Modified:
Unsecured claimed: \$115057.13 Total claimed: \$115057.13		
History: <u>Details</u> <u>7-1</u> 11/26/2008 Claim #7 filed by UNITED PARCEL SERVICE, total amount claimed: \$105728.12 (Diaz, Denise) <u>Details</u> <u>7-2</u> 06/10/2009 Amended Claim #7 filed by UNITED PARCEL SERVICE, total amount claimed: \$115057.13 (Diaz, Denise)		
Description:		
Remarks:		

Creditor: (2806465) HEPACO, Incorporated 2711 Burch Dr. Charlotte NC 28269	Claim No: 26 <i>Original Filed</i> Date: 04/29/2009 <i>Original Entered</i> Date: 04/29/2009	Status: Filed by: CR Entered by: Sawyer, Debra Modified:
Unsecured claimed: \$14151.93 Total claimed: \$14151.93		
History: <u>Details</u> <u>26-1</u> 04/29/2009 Claim #26 filed by HEPACO, Incorporated, total amount claimed: \$14151.93 (Sawyer, Debra)		
Description:		
Remarks:		

Creditor: (2727350) UNITED PARCEL SERVICE C/O RMS Bankruptcy Recovery Services P.O. Box 5126 Timonium, Maryland 21094	Claim No: 27 <i>Original Filed</i> Date: 06/10/2009 <i>Original Entered</i> Date: 06/10/2009	Status: Withdrawn 141 Filed by: CR Entered by: Diaz, Denise Modified:
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Unsecured claimed: \$115057.13

Total claimed: \$115057.13**History:****Details** 27- 06/10/2009 Claim #27 filed by UNITED PARCEL SERVICE, total amount claimed: \$115057.13 (Diaz, Denise)

141 06/10/2009 Withdrawal of Claim(s): 27 08-03423 Filed by Debtor In Possession Warehouse 86, LLC. (Diaz, Denise) Status: Withdrawn


Description: *Letter to W.D. Claims.***Remarks:****Claims Register Summary****Case Name:** Warehouse 86, LLC**Case Number:** 08-03423-ee**Chapter:** 11**Date Filed:** 11/04/2008**Total Number Of Claims:** 3

	Total Amount Claimed	Total Amount Allowed
Unsecured	\$244266.19	
Secured		
Priority		
Unknown		
Administrative		
Total	\$244266.19	\$0.00

PACER Service Center**Transaction Receipt**

06/25/2009 08:20:18

PACER Login:	rm3150	Client Code:	
Description:	Claims Register	Search Criteria:	08-03423-ee
Billable Pages:	1	Cost:	0.08

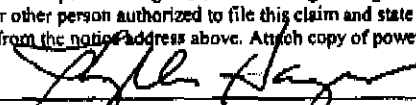
United States Bankruptcy Court District of Mississippi (Jackson)		Proof of Claim
Name of Debtor: Warehouse 86, LLC Bargainland	Case Number: 08-03423 Chapter 11	THIS SPACE IS FOR COURT USE ONLY
<small>Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>		
Name of Creditor (The person or other entity to whom the debtor owes money or property): UNITED PARCEL SERVICE	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: United Parcel Service c/o RMS Bankruptcy Recovery Services P.O. Box 4396 Timonium, Maryland 21094 Telephone Number: (410) 773-4089		
Account or other number by which creditor identifies debtor: 871781, CPP 0695BR	Check here <input type="checkbox"/> if this claim <input type="checkbox"/> Replaces <input type="checkbox"/> Amends a previously filed claim dated _____.	
1. Basis For Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (fill out below) Last four digits of SS# _____ Unpaid compensation for services performed from _____ to _____ <div style="text-align: right;">(date) (date)</div>		
2. Date debt was incurred: PRE-PETITION	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: <div style="text-align: center; font-weight: bold;">\$105,728.12 (unsecured nonpriority) = \$105,728.12 TOTAL</div> <p><small>If all or part of your claim is secured or entitled to priority, also complete item 5 or 6 below</small></p> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim above if any: \$ _____	6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____. Specific the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), *earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a) (3) <input type="checkbox"/> Contribution to an employee benefit plan - 11 U.S.C. § 507 (a) (4) <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use- 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § (a)(7) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507 (a)(6) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 502, 507 et seq. <input type="checkbox"/> Other - ADMINISTRATIVE EXPENSE: 11 U.S.C. § 503(b)(9). <small>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
7. Credits: The Amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, mortgages, security agreements, and evidence of perfecting of lien. 9. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date: November 24, 2008	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) Signed:  Phyllis A. Hayes, RMS, Agent for Creditor	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571		

SHIPPER	SHIP NAME	SHIP INV. NO.	BILL DATE	AMOUNT
871781	BARGAINLAND LIQUIDATION	871781458	11/8/2008	22.45
871781	BARGAINLAND LIQUIDATION	871781388	9/27/2008	72.20
871781	BARGAINLAND LIQUIDATION	871781388	9/20/2008	51.91
871781	BARGAINLAND LIQUIDATION	871781378	9/13/2008	10,107.52
871781	BARGAINLAND LIQUIDATION	871781368	9/8/2008	14,704.79
871781	BARGAINLAND LIQUIDATION	871781358	8/30/2008	19,388.69
871781	BARGAINLAND LIQUIDATION	871781348	8/23/2008	14,247.00
				58,874.56

CPP 0695BR									
SHIPPER	CARRIER	SHIP NAME	SHIP NO.	BILL DATE	AMOUNT	ADDRESS	CITY	STATE	ZIP
00002R889R	BARGAINLAND		00002R889R388	9/20/2008	15,901.76	3865 KNIGHT RD	MEMPHIS TN		38118
000031EY25	BARGAINLAND LIQUIDATION		000031EY25378	9/13/2008	167.84	986 W 2ND ST BLDG 12A SOUTH	OGDEN UT		844041324
00002R889R	BARGAINLAND		00002R889R378	9/13/2008	4,802.89	3865 KNIGHT RD	MEMPHIS TN		38118
000031EY25	BARGAINLAND LIQUIDATION		000031EY25408	10/4/2008	211.63	986 W 2ND ST BLDG 12A SOUTH	OGDEN UT		844041324
00002R889R	BARGAINLAND		00002R889R388	9/27/2008	14,974.36	3865 KNIGHT RD	MEMPHIS TN		38118
000031EY25	BARGAINLAND LIQUIDATION		000031EY25388	9/20/2008	71.57	986 W 2ND ST BLDG 12A SOUTH	OGDEN UT		844041324
00002R889R	BARGAINLAND		00002R889R408	10/4/2008	10,923.51	3865 KNIGHT RD	MEMPHIS TN		38118
					48,853.56				

105,728.12

B 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT Southern District of Mississippi (Jackson)		PROOF OF CLAIM
Name of Debtor: Warehouse 86, LLC (BargainLand)		Case Number: 08-03423
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of a administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): United Parcel Service		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: 7 (If known) Filed on: 11/26/08
Name and address where notices should be sent: United Parcel Service c/o Receivable Management Services ("RMS") P.O. Box 4396 Timonium, MD 21094 Telephone number: (410) 773-4089		
Name and address where payment should be sent (if different from above): Telephone number:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim: \$115,057.13 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(). Amount entitled to priority: *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
2. Basis for Claim: GOODS SOLD SERVICES RENDERED (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: 87181, 2R899R, 31Ex25 (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate: % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		
Date: June 9, 2009 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice above. Attach copy of power of attorney, if any.  Phyllis A. Hayes, RMS, Agent for Creditor		FOR COURT USE ONLY
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		

[illegible]

10/25/2012

SHIPPER #	ADD NAME	WE DATE	AMT
2R899R	BARGINLAND	10/11/08	\$ 8,933.89
2R899R	BARGINLAND	10/18/08	\$ 96.13
2R899R	BARGINLAND	11/01/08	\$ 170.84
31EY25	BARGINLAND LIQUIDATION	10/18/08	\$ 128.15
			\$ 9,329.01